

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mississippi Conservatives

ADDRESS (number and street) ▼

PO Box 2096

☐ Check if different than previously reported. (ACC)

Jackson

MS

39225

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00554774

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian Perry

Signature of Treasurer

Mr. Brian Perry

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	32268.45	
(c) Total Receipts (from Line 19)	390250.00	3357903.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	422518.45	3357903.00
7. Total Disbursements (from Line 31)	61896.35	2997280.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	360622.10	360622.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

312250.00

2476200.00

(ii) Unitemized

0.00

310.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

312250.00

2476510.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

553193.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

312250.00

3029703.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

250150.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

73000.00

73000.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

50.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

390250.00

3357903.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

390250.00

3357903.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	51224.98	778582.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51224.98	778582.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	157000.00
24. Independent Expenditures (use Schedule E)	671.37	1811548.79
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	250150.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61896.35	2997280.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61896.35	2997280.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	312250.00	3029703.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	312250.00	3029703.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	51224.98	778582.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	73000.00	73000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-21775.02	705582.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Mr. Chris Henick

Mailing Address 4201 Yuma St. NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Randy James

Mailing Address 217 W Capitol St.
Ste. 201

City
Jackson

State Zip Code
MS 39201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pruet Oil

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C. Liberty Springs

Mailing Address PO Box 320001

City
Flowood

State Zip Code
MS 39232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period

200000.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

202250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. John Nau

Mailing Address 7777 Washington Ave.

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silver Eagle Distributors, LP

Occupation

President and C.E.O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. John W. Rowe

Mailing Address 70 W. Madison

City

Chicago

State

IL

Zip Code

60680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110000.00

312250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Scott Howell & Company

Mailing Address 3900 Willow St.
Suite 200

City State Zip Code
Dallas TX 75226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

73000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : SA15.4901

Amount of Each Receipt this Period

73000.00

☐ Memo Item

Refund: Overpayment of Media Buys

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73000.00

73000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Washington County GOP

Mailing Address 1604 S Main St

City

Greenville

State

MS

Zip Code

38701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y
09 / 02 / 2014

Transaction ID : SA16.4864

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Refund: 6/16/2014

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Capitol Resources LLCMailing Address 210 E Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Parking for GOTV canvassing/phone volunteers

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SB21B.4880

Amount of Each Disbursement this Period

402.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Political Strategy Consulting

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB21B.4869

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Central Parking System

Mailing Address 401 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Parking for GOTV canvassing/phone volunteers

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : SB21B.4881

Amount of Each Disbursement this Period

227.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6629.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Impact Management GroupMailing Address 124 W. Capitol Ave.
Ste. 1886

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
GOTV Phone Banks

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : SB21B.4873

Amount of Each Disbursement this Period

4247.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mississippi Secretary of State

Mailing Address 125 South Congress Street

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Mississippi Voter File

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB21B.4895

Amount of Each Disbursement this Period

2100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kristen Smith

Mailing Address 131 Armonde Court

City Madison State MS Zip Code 39110

Purpose of Disbursement
GOTV Canvassing

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2014

Transaction ID : SB21B.4866

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6382.70

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Susan SmithMailing Address 210 E Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Postage reimbursement

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : SB21B.4874

Amount of Each Disbursement this Period

29.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Republic GroupMailing Address 210 E. Capitol St.
Ste., 1900

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Canvassing / Phone Banking / Door-to-Door GOTV

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SB21B.4893

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Terrell Thompson

Mailing Address 3608 N Highland Ave.

City Meridian State MS Zip Code 39301

Purpose of Disbursement
Canvassing / Phone Banking / Door-to-Door GOTV

Candidate Name

Mississippi ConservativesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SB21B.4886

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7529.20

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson	State MS	Zip Code 39201
-----------------	-------------	-------------------

Purpose of Disbursement
Bank Fee

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.4883

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson	State MS	Zip Code 39201
-----------------	-------------	-------------------

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.4884

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson	State MS	Zip Code 39201
-----------------	-------------	-------------------

Purpose of Disbursement
Bank Fee

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District: Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2014

Transaction ID : SB21B.4885

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson	State MS	Zip Code 39201
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Purpose of Disbursement
Bank Fee

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB21B.4889

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Winning ConnectionsMailing Address 317 Pennsylvania Ave. SE
2nd Floor

City Washington	State DC	Zip Code 20003
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Purpose of Disbursement
GOTV Phone Banks

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : SB21B.4868

Amount of Each Disbursement this Period

28838.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winning Edge

Mailing Address PO Box 269

City Alexandria	State AL	Zip Code 36250
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Purpose of Disbursement
GOTV Pushcards

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SB21B.4890

Amount of Each Disbursement this Period

1731.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30574.08

51149.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. ALL CITIZENS FOR MISSISSIPPI

Mailing Address 1750 ELLIS AVENUE

City
JACKSONState
MSZip Code
39204Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mississippi Conservatives

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : SB23.4888

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00554774</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Capstone Public Affairs LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2014</div>		
Mailing Address PO Box 2096			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">671.37</div>		
City Jackson		State MS	Zip Code 39225		Transaction ID : SE.4872
Purpose of Expenditure Facebook and Twitter Advertisements		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 01 / 2014</div>	
Name of Federal Candidate Thad Cochran			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">142431.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">671.37</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>					
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">671.37</div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Mr. Brian Perry</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2016</div>		
<i>[Electronically Filed]</i>					